

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

06/07/2005

Thomas L Evans Esq  
Banner & Witcoff Ltd  
1001 G Street NW 11th Floor  
Washington, DC 20001-4597

07/13/2005 MBEYENE2 00000155 190733 08868407

01 FC:1501 1400.00 DA  
02 FC:8001 3.00 DA



Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 08/868,407      | 06/03/1997  | IRWIN GERSZBERG      | 38-33-29            | 3444             |

TITLE OF INVENTION: METHOD AND SYSTEM FOR PROVIDING ACCESS TO A TELECOMMUNICATIONS NETWORK

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$0             | \$1400           | 09/07/2005 |

| EXAMINER    | ART UNIT | CLASS-SUBCLASS |
|-------------|----------|----------------|
| ORGAD, EDAN | 2684     | 455-445000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BANNER &amp; WITCOFF, LTD.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cingular Wireless II, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Atlanta, GA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 19-0733 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date July 11, 2005

Typed or printed name

Thomas H. Jackson

Registration No. 29,808

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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|  |                        |                 |
|--|------------------------|-----------------|
| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 08/868,407      |
|  | Filing Date            | June 3, 1997    |
|  | First Named Inventor   | Irwin Gerszberg |
|  | Art Unit               | 2684            |
|  | Examiner Name          | Edan Orgad      |
| Total Number of Pages in This Submission   | Attorney Docket Number | 006004.00011    |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Issue Fee Transmittal |
| <b>Remarks</b>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                        |          |        |
|--|------------------------|----------|--------|
| Firm                                       | Banner & Witcoff, LTD. |          |        |
| Signature                                  |                        |          |        |
| Printed Name                               | Thomas H. Jackson      |          |        |
| Date                                       | July 11, 2005          | Reg. No. | 29,808 |

| CERTIFICATE OF TRANSMISSION/MAILING   |  |      |  |
|---|--|------|--|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |  |      |  |
| Signature   |  |      |  |
| Typed or printed name   |  | Date |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

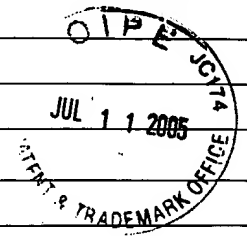
# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1403

Complete if Known

Application Number 08/868,407  
Filing Date June 3, 1997  
First Named Inventor Irwin Gerszberg  
Examiner Name Edan Orgad  
Art Unit 2684  
Attorney Docket No. 006004.00011



## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17  
**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                      | SEARCH FEES |                      | EXAMINATION FEES |                      | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee(\$)     | Small Entity Fee(\$) | Fee(\$)          | Small Entity Fee(\$) |                |
| Utility          | 300         | 150                  | 500         | 250                  | 200              | 100                  | _____          |
| Design           | 200         | 100                  | 100         | 50                   | 130              | 65                   | _____          |
| Plant            | 200         | 100                  | 300         | 150                  | 160              | 80                   | _____          |
| Reissue          | 300         | 150                  | 500         | 250                  | 600              | 300                  | _____          |
| Provisional      | 200         | 100                  | 0           | 0                    | 0                | 0                    | _____          |

### 2. EXCESS CLAIM FEES

|  |                            |                       |                             |   |                             |
|--|----------------------------|-----------------------|-----------------------------|---|-----------------------------|
| <b><u>Fee Description</u></b>  |                            |                       |                             | <b><u>Fee (\$)</u></b>                  | <b><u>Fee (\$)</u></b>      |
| Each claim over 20 (including Reissues)                                |                            |                       |                             | 50                                      | 25                          |
| Each independent claim over 3 (including Reissues)                     |                            |                       |                             | 200                                     | 100                         |
| Multiple dependent claims  |                            |                       |                             | 360                                     | 180                         |
| <b><u>Total Claims</u></b>   | <b><u>Extra Claims</u></b> | <b><u>Fee(\$)</u></b> | <b><u>Fee Paid (\$)</u></b> | <b><u>Multiple Dependent Claims</u></b> |                             |
| _____ - 20 or HP= _____  | x _____                    | = _____               | _____                       | <b><u>Fee (\$)</u></b>                  | <b><u>Fee Paid (\$)</u></b> |
| HP = highest number of total claims paid for, if greater than 20.      |                            |                       |                             | _____                                   | _____                       |
| <b><u>Indep. Claims</u></b>  | <b><u>Extra Claims</u></b> | <b><u>Fee(\$)</u></b> | <b><u>Fee Paid (\$)</u></b> |   |                             |
| _____ - 3 or HP= _____   | x _____                    | = _____               | _____                       |   |                             |
| HP = highest number of independent claims paid for, if greater than 3. |                            |                       |                             |   |                             |

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_  
Other (e.g., late filing surcharge) : Issue Fee and 1 Advance copy of Patent 1403

## SUBMITTED BY

Signature Registration No. 29,808 Telephone (202) 824-3000  
Name (Print/Type) Thomas H. Jackson (Attorney/Agent) Date July 11, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.